PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

indicated unless correct maintenance fee notifica		erwise in Block 1, by (a	i) specifying a new cor	respondence address	s; and/or	(b) indicating a separ	ate "FEE ADDRESS" for
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use BI	F	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	7590 09/29	/2008	46				
Elliot N Krams 5850 Canoga Av Suite 400	venue	DEC	1 8 2003 IS	hereby certify that t	his Fee(s)	of Mailing or Transm) Transmittal is being icient postage for first SSUE FEE address a) 273-2885, on the da	deposited with the United class mail in an envelope bove, or being facsimile te indicated below.
Woodland Hills, 12/18/2008 CCHAU2	, CA 91367 00000035 10584483	& TRA	DEMARK	Elliott	N. KI	ransky	(Depositor's name) (Signature)
01 FC:1504 02 FC:1501	1510.	00 OP 00 OP	t	December	16,	2008	(Date)
03 FC+8001 APPLICATION NO.	FILING DATE	00 0P	FIRST NAMED INVENT	OR ATTORNEY DOCKET NO.			CONFIRMATION NO.
10/584,483	0/584,483 06/23/2006		Eberhard Handrich			L-413 3064	
TITLE OF INVENTION	i: METHOD FOR QUAI	DRATURE-BIAS COMP	PENSATION IN A COR	IOLIS GYRO, AS V	WELL AS	S A CORIOLIS GYRO)
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	ио	\$1440	\$300	\$0		\$1740	12/29/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	一 .			
CHAPMAN JR, JOHN E		2856	073-504120	_			-
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)			····
PLEASE NOTE: Un recordation as set for	iless an assignce is ident th in 37 CFR 3.11. Com		data will appear on the T a substitute for filing	e patent. If an assig an assignment.			cument has been filed for
(A) NAME OF ASSI			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
LITEF Gr	mbH .		Freibur	g, German	Y		
Please check the approp	riate assignee category or	categories (will not be p	rinted on the patent):	Individual XI (Corporation	on or other private gro	up entity Government
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			Ab. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
	atus (from status indicate		☐ b. Applicant is no	onger claiming SM	ALL ENT	TITY status. See 37 CF	FR 1.27(g)(2).
							e assignee or other party in
Authorized Signature	Star h	rest				oer 16, 200	
Typed or printed nan	ne Elliott 1	v. Kramsky		Registration	No. 2	7,812	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.